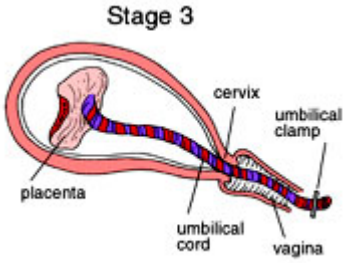
What is the 3rd stage of labour?

The third stage of labour is the time between the baby being born and the birth of the placenta. Third stage management is aimed at reducing heavy bleeding with minimal interference to the natural process. The management of the third stage of labour can be either Active or Physiological.



Active Management

Calvary Public Hospital Bruce (CPHB) recommends active management of the third stage of labour. Active management involves an injection of Oxytocin (known as 'Syntocinon') into your leg and assisted delivery of the placenta by gently applying traction to the umbilical cord. Oxytocin is a hormone that causes the uterus to contract, this helps the placenta to separate from the uterine wall therefore reducing the risk of heavy blood loss. The cord may also be clamped at this time, or this may be delayed until the cord stops pulsating, known as delayed cord clamping.

Active management has been shown to:

- Reduce blood loss
- Decrease the risk of low iron levels caused by heavy o blood loss
- Shorten the length of the third stage
- Decrease the risk of the placenta becoming stuck, and therefore the need for removal in theatre under a general anaesthetic.

Women who are at a high risk of haemorrhage following the birth include:

- If your baby was born by forceps or vacuum
- Episiotomy or vaginal, perineal or cervical tears
- If you have previously had a retained placenta or retained products
- If you have had a previous caesarean section
- If your waters have been broken for more than 18 hours
- If you have had an infection in your uterus
- High blood pressure
- Twins pregnancy
- Increased amniotic fluid

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- Previous heavy bleeding (periods)
- Current or previous bleeding during pregnancy and following birth
- Previous caesarean section
- Low iron levels
- Bleeding problems
- Long first or second stage of labour

Expectant (Physiological) Management

Expectant management of the third stage of labour involves waiting for the uterus to contract and for the placenta to separate naturally after birth. Techniques such as nipple stimulation (breastfeeding), upright positioning or changes in position may be used. Oxytocin is not given and the cord is not clamped until after it has stopped pulsating. With expectant management, the placenta is born with maternal effort.

Expectant management of the third stage of labour should be abandoned when it is no longer considered safe for the mother or the baby for example:

- If baby or mother requires immediate medical intervention or resuscitation
- Heavy bleeding
- If the placenta is taking longer than an hour to birth (increased risk of bleeding and infection).

Delayed cord clamping

Delayed cord clamping is a practice where the umbilical cord is not clamped or cut until after pulsations have ceased, or until after the placenta is delivered. A growing number of parents are choosing delayed cord clamping for their baby. The timing of clamping the umbilical cord, and practices have a significant impact on the outcomes of mother and baby. Research shows that when we delay cord clamping the baby will receive up to 30% more of the fetal-placental blood volume than it would have with immediate cord clamping. Delaying Cord Clamping in the third stage of labour does not increase the risk of haemorrhage following the birth. Oxytocin (known as 'Syntocinon') can still be given routinely with delayed cord clamping.
Specific benefits include:

- Preventing the baby from becoming anaemic in the first 6 months of life
- Decreases the risk for premature babies bleeding in the brain and blood transfusion.

Delayed cord clamping may be associated with increased jaundice (yellow discoloration of skin), which may require treatment using special lights (phototherapy).

Please do not hesitate to discuss this further with a Midwife or Doctor.

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